

# CITY OF ELK RIVER SAFETY COMMITTEE ACCIDENT REVIEW SUMMARY FORM

<b>NAME</b> (this will <b>not</b> be given to Safety Committee):	<b>DEPARTMENT:</b> Fire
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## **ACCIDENT INFORMATION**

<b>DATE (OF ACCIDENT):</b> 3/12/16	<b>TIME:</b> 1:00 p.m.
<b>LOCATION:</b> Station 2	<b>TYPE OF VEHICLE (IF INVOLVED):</b>
<b>INJURY? (YES OR NO)</b> Yes	<b>WORK COMP CLAIM FILED? (YES OR NO)</b> No
<b>PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)</b> No	
<b>NATURE OF ACCIDENT (be specific, include work activity at time of accident):</b> Employee was filling ATV water tank and slipped on wet floor falling on trailer break light. Cut up back and back of arm. Some bruising.	
<b>ENVIRONMENTAL FACTORS:</b> None noted.	
<b>UNSAFE CONDITIONS:</b> Nothing.	
<b>ACTION TAKEN:</b> Clean floor.	

## **SAFETY COMMITTEE RECOMMENDATION** (to be filled out by Committee):

Katie Haase suggested that the employee keep their "grip boots" on to prevent slipping. (*April 20, 2016 meeting*)